

Sexually Transmitted Diseases

Sexually transmitted diseases (STD's) are the most commonly reported infectious diseases among sexually active adolescents. Compared with adults, adolescents are at a higher risk for acquiring STD's: they are more likely to have multiple sexual partners and short-term relationships, to engage in unprotected intercourse, and to have partners who are themselves at high risk for STD's (1, 2). Adolescent women may also have physiologically increased susceptibility to infection due to increased cervical ectopy and lack of immunity (1).

■ Sexually active adolescents often face barriers to receiving STD prevention services, such as concern about confidentiality, lack of insurance or ability to pay, and lack of transportation.

■ Chlamydia, gonorrhea, and syphilis are the most common bacterial causes of STD's, and are curable with antimicrobials. Syphilis is relatively rare among adolescents. When left untreated, chlamydia and gonorrhea can cause pelvic inflammatory disease, abscesses in the fallopian tubes and ovaries, and chronic pelvic pain, and may result in ectopic pregnancy or infertility. In young men untreated infections can cause urethritis and epididymitis. STD's may also increase susceptibility to HIV infection two- to fivefold.

■ In 1998 in the U.S. population, female adolescents 15–19 years of age had higher reported rates of chlamydial infections than adolescent males and older persons of either gender. The higher reported rates of chlamydia among female adolescents than among male adolescents is primarily attributable to detection of asymptomatic infection in young women through screening, while their sex partners may not be diagnosed or reported. Symptomatic male adolescents may be treated without testing, and therefore may not be captured by disease surveillance (1).

■ The reduction of the proportion of adolescents with chlamydia infections is a Healthy People 2010 critical adolescent objective, with a target of 3 percent

of males and females, 15–24 years of age, who attend family planning or STD clinics (3).

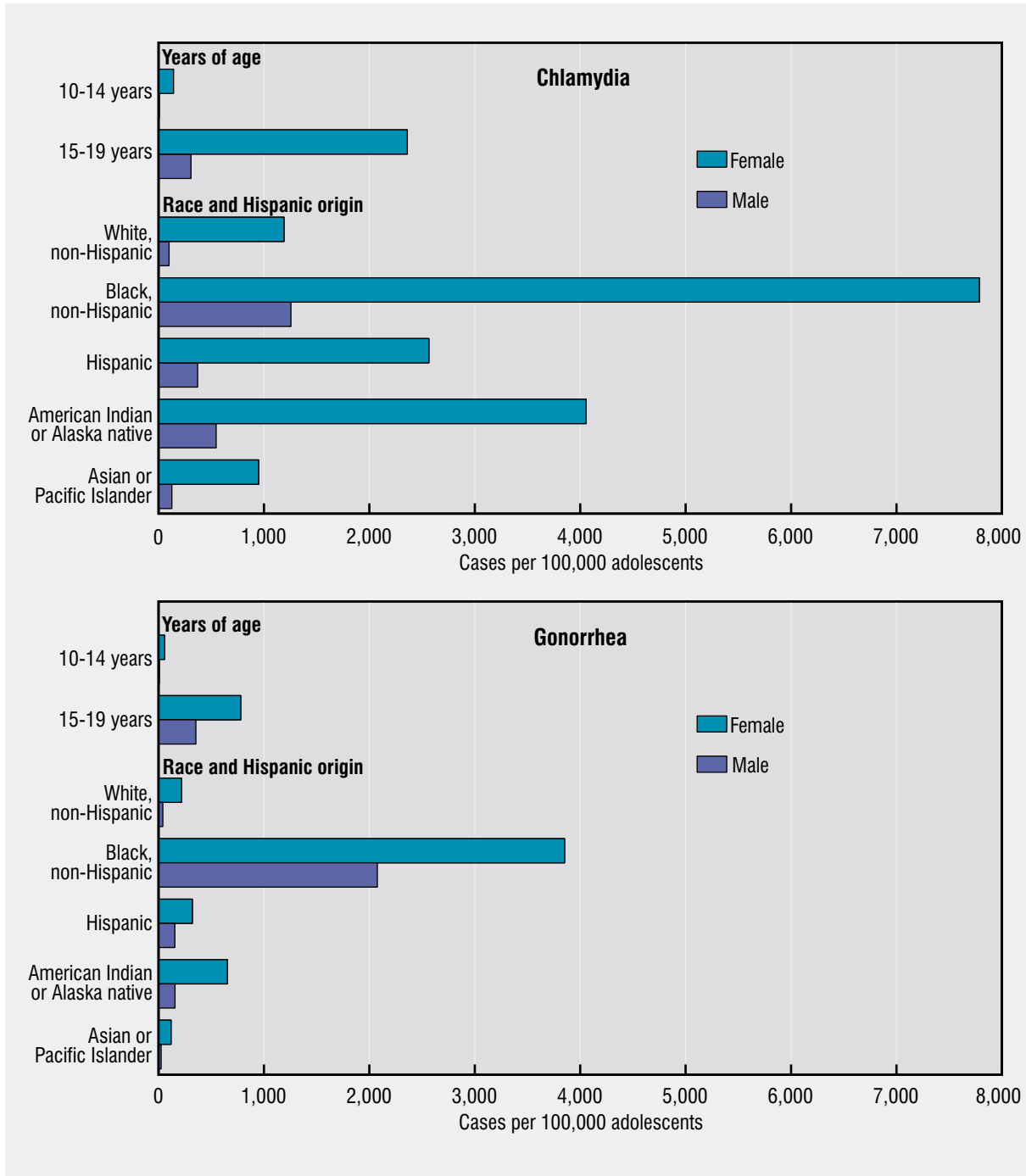
■ In 1998 rates of gonorrhea in the U.S. population were also higher among female adolescents 15–19 years of age than adolescent males and older persons. Between 1990 and 1998 the gonorrhea rate among adolescents decreased by 50 percent (from 1,114.4 cases per 100,000 in 1990 to 560.6 in 1998). Healthy People 2010 objectives call for a reduction of the incidence of gonorrhea to no more than 19 cases per 100,000 people in the total population (3).

■ Large race and ethnic disparities in STD rates exist among adolescents. Non-Hispanic black adolescents had higher rates of chlamydia and gonorrhea than adolescents in other race and ethnic groups. Differences in socioeconomic status, contraceptive use, and sexual risk behaviors, may influence the disparity in rates (4, 5).

References

1. Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 1998. Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention. September 1999.
2. Gittes EB, Irwin CE. Sexually transmitted diseases in adolescents. *Pediatr Rev* 14(5):180–9. 1993.
3. U.S. Department of Health and Human Services. Healthy People 2010 (Conference Edition, in Two Volumes). Washington: January 2000.
4. Ellen JM, Kohn RP, Bolan GA, Shiboski S, Krieger N. Socioeconomic differences in sexually transmitted disease rates among black and white adolescents, San Francisco, 1990 to 1992. *Am J Public Health*. 85:1546–8. 1995.
5. Sieving R, Resnick MD, Bearinger L, et al. Cognitive and behavioral predictors of sexually transmitted disease risk behavior among sexually active adolescents. *Arch Pediatr Adolesc Med*. 151:243–51. 1997.

Figure 23. Sexually transmitted disease rates reported for adolescents 10–19 years of age, by age, sex, race, and Hispanic origin: United States, 1998



NOTES: Data for States not reporting race/ethnicity and age for the majority of cases were excluded. See Technical Notes for further discussion. See Data Table for data points graphed.

SOURCE: Centers for Disease Control and Prevention, National Center for STD, HIV, and TB Prevention: Sexually Transmitted Disease Surveillance, 1998. See related *Health, United States, 2000*, table 52.